

AccuReview

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[Date notice sent to all parties]: November 7, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Kenalog Injection 80mg imaging with guidance 3 procedures at 2 weeks interval

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

This physician is a Board Certified Anesthesiologist with over 14 years of experience.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld

(Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female who was injured while at work. She reported left shoulder and left elbow pain as the result of work-related injury and accumulated work over a period of time. The involving prolonged standing and writing with squatting, stooping and crouching. She complained of intermittent numbness and tingling in the left fingers with occasional swelling.

Follow-up Medical Evaluation. CC: left elbow and left shoulder pain. PE: Upper extremities/shoulders: Examination revealed tenderness over the lateral epicondyle of the left elbow, more so with pronation against resistance. IT is tender to palpation. There is negative Tinel at the elbow on the left side. There is positive O'Brien testing in the left shoulder and normal on the right. Cervical Spine: Examination of the cervical spine is unremarkable except for some mild paracervical discomfort in the left posterior paracervical muscles. DX: Lateral epicondylitis left elbow, Internal derangement of the left shoulder. Discussion: It appears this claimant has a long history of repetitive type movement at her work station that is finally exacerbated to the point of developing acute onset of epicondylitis and possibly internal derangement of the left shoulder. The plan at this time would be to consider steroid injection possibly for the left shoulder if not responding to time, therapy, and anti-inflammatories, and an MRI with arthrogram of the left shoulder.

Follow-up Medical Evaluation. CC: left shoulder and left elbow pain. PE: remains unchanged. DX: Lateral epicondylitis left elbow, and Internal derangement of the left shoulder. Discussion: Provide medications consisting of Tylenol #3 with quantity of 30 and cyclobenzaprine 5mg. F/U in one month.

Follow-up Medical Evaluation. CC: left elbow and left shoulder pain. Medication is helping minimally yet continues to have pain within the elbow area and is wearing a sling today. PE: Upper extremities/shoulders: examination today revealed tenderness over the medial epicondyle with palpation, worse with pronation against resistance. Positive Tinel in the ulnar groove of the left elbow. DX: Lateral epicondylitis, left elbow and Medial epicondylitis and ulnar neuropathy, left elbow. Plan: 1. Medrol Dosepak, Tylenol #3 with codeine to be taken with every day activities. 2. Recommend a steroid injection for the medial epicondyle and ulnar groove and that will be requested. 3. Continue with PT and F/U in one month.

Follow-up Medical Evaluation. CC: left elbow and left shoulder pain. She stated pain is sharp and stabbing with average 8/10 on pain scale. PE: ROM is restricted with left lateral rotation secondary to pain. Flexion to 1 fingers-breath above the sternum. There is tenderness at the midline of the spine and bilateral upper trapezius and left rhomboid. There is increased left upper back pain with left arm elevation. There is tenderness of the medial and lateral epicondyles, left elbow. Impression: Lateral epicondylitis, left elbow, and Medial epicondylitis and ulnar neuropathy, left elbow. Plan: Trial of topical Voltaren gel. Risks, indications and benefits and alternatives to the therapy were discussed in detail with the claimant. Continue PT per treating doctor. RTC 1 month. RX: Voltaren gel 2-3X/day to affected area #1.

Pre-Authorization Request for Elbow Injections. ODG is not intended to be the sole basis for determining medical necessity for treatment and services in every case. Requesting pre-authorization approval for request. DX: Epicondylitis left elbow, Ulnar Neuropathy. Specific Treatment and Services: 20605 Injections, anesthetic agent and/or steroid, 77003 imaging with guidance, J1040 Kenalog 80mg 3 procedures at 2 week intervals.

UR. Reason for denial: The documentation indicates the claimant complaining of left elbow pain specifically the epicondyles. The use of corticosteroid injections at the elbow is not recommended as a routine intervention to address findings consistent with epicondylitis. Furthermore, recent studies have indicated that corticosteroid injections do not provide any long term clinically significant improvement in terms of epicondylitis. Therefore, given the lack of high quality studies supporting the requested procedure in terms of safety and efficacy, the request is not indicated as medically necessary.

Request for Reconsideration. the claimant was referred for pain management consult. She had been undergoing PT for her injured left elbow. Her left elbow was accepted as compensable. Steroid injections were considered as a treatment option. However, first let her continue with PT and if necessary get an MRI. On the claimant had a left elbow MRI which depicted epicondylitis. On she was seen for a pain management follow-up consultation. Due to her lack of sustained improvement and her current pathology a series of steroid injections was recommended as medically necessary and appropriate. In addition to what I have submitted that supports this reconsideration "Appendix D" Documenting Exceptions to the Guidelines" more than sufficiently supports the rationale for authorization for the services that are being requested for re-consideration.

UR. Reason for denial: On appeal, Kenalog Injection 80mg imaging with guidance, three procedures at two week intervals, for the left elbow is not medically necessary. ODG no longer recommends the use of a steroid injection for epicondylitis. The literature indicates injections overall provide insufficient therapeutic benefit in general. Therefore, on appeal, Kenalog Injection 80mg imaging with guidance, three procedures at two week intervals, for the left elbow is not medically necessary.

Request for Review by IRO. The claimant sustained injuries to the upper extremity with a diagnosis of epicondylitis. Since the injury she has received a course of PT, however, she continues to experience pain. Previously evaluated the claimant for her elbow injury. She is a candidate and would likely benefit with a series of steroid injections. The risk and benefits were explained to her and she understands and wishes to proceed.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The previous adverse determinations are upheld and agreed upon. Request is for kenalog Injection 80mg imaging with

guidance, three procedures at two week intervals, for the left elbow is not medically necessary. ODG no longer recommends the use of a steroid injection for epicondylitis. Studies show that overall; injections provide insufficient therapeutic benefit in general. Therefore, after review of the medical records and documentation provided, the request for Kenalog Injection 80mg imaging with guidance 3 procedures at 2 weeks interval is not medically necessary.

Per ODG:

Steroid injections	Criteria for Steroid injections: <ul style="list-style-type: none"> · Diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for post-traumatic impingement of the shoulder; · Not controlled adequately by recommended conservative treatments (physical therapy and exercise, NSAIDs or acetaminophen), after at least 3 months; · Pain interferes with functional activities (eg, pain with elevation is significantly limiting work); · Intended for short-term control of symptoms to resume conservative medical management; · Generally performed without fluoroscopic or ultrasound guidance; · Only one injection should be scheduled to start, rather than a series of three; · A second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response; · With several weeks of temporary, partial resolution of symptoms, and then worsening pain and function, a repeat steroid injection may be an option; · The number of injections should be limited to three.
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A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- ☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)